Combined Declaration For Patent Application and Power of Attorney							ATTORNEY DOCKET 85184LMB			
As below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: MATERIALS AND METHOD FOR BACKPRINTING IMAGING MEDIA										
The specification of which (check only one item below):										
X is attached hereto.										
was filed as United States Application Serial No. on and was amended on (if applicable).										
was affield as PCT international application Number on and was amended on (if applicable).										
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's										
certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:										
PRIOR FOREIGN/PCT APPLI	CATION(S) ANI	ANY PRIORIT	Y CLA	IMS UNDER 35 U.S.C.	119:			٠		
COUNTRY (# PCT. indicate PCT)	AF	PPLICATION NUMBER		DATE OF FILING PRIORITY CLAIMED UNDER 35 USC § (month/disyyear) YES			119 NO			
	_			:			YES		NO	
		·					YES		NO	
I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below: PRIOR PROVISIONAL APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119 (e):										
PROVISIONAL AF	PPLICATION NUMBER			FILING DATE (month/daylyear)						
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I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:										
PRIOR US APPLICATIONS O 35USC§120:	H PCI INIEHN	ATIONAL APPL	LICATI	ONS DESIGNATING TH		BENEF	II UNDER			
	U.S. APPL	ICATIONS			STATUS (Check one)					
U.S. APPLICATION NUM	U.S. FILING DATE			PATENTI	<u>.</u>	PENDING	ABAI	NDONED		
								-		
PCT APPLICATIONS DESIGNATING THE U.S.										
PCT APPLICATION NO. PCT FILI		NG DATE	-	J.S. SERIAL NUMBERS ASSIGNED (if any)						
		·								

Combined Declaration For Patent Application and Power of Attorney (Continued)

ATTORNEY DOCKET 85184LMB

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

)	nd Corresp	ondence to:		Direct Telephone Calls to:	
		Patent Legal :	(name and telephone number)		
		Eastman Kod	ak Company		
		343 State Stre	Lynne M. Blank		
				585-477-7418	
		Kochester, N	Y 14650-2201	FAX: 585-477-1148	
T	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
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١	INVENTOR	Dontula	Narasimharao		
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	CITIZENSHIP				
۱	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)	
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME	
, [RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
,	BUSINESS ADDRESS	BUSINESS ADDRESS	СІТУ	STATE & ZIP CODE (COUNTRY)	
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	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
,	BUSINESS ADDRESS	BUSINESS ADDRESS	CITY	STATE & ZIP CODE (COUNTRY)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202 James Lonan	SIGNATURE OF INVENTOR 203
4/19/04	4- 19-04	4/16/04
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE